Frederick County Division of Permitting and Development Review

Department of Permits and Inspections

30 North Market Street

Frederick, MD 21701

301-600-1082 Manager, Permitting Services 301-600-2309 Permits and Inspections Fax



OFFICE USE ONLY					
Date Request Received:					
Date Processed:					
Date Temp COO Issued:					
Expiration Date:					

REQUEST FOR TEMPORARY CERTIFICATE OF OCCUPANCY

A Temporary Certificate of Occupancy is issued for ninety (90) days. This form is applicable for Non-Residential Permits only.

Please complete this request form, and mail to the address above with payment by check made payable to: "Frederick County" in the amount of \$330.00 (non-refundable). You may also hand-carry it to our office if you prefer between the hours of 8:00 am and 3:30 pm, Monday through Friday.

Your request will be processed and forwarded to the County Inspectors generally within 2 (two) business days. You will be notified when this occurs by fax. You will receive a copy of this request with the required inspections indicated, along with the Inspectors' contact information. It is your responsibility to ensure that the required inspections are requested. If at all possible, speak directly to each Inspector when the inspection request is made, or call to verify with the Inspector before 8:30 am the morning of the inspection.

When all required inspections have been approved, the Temporary Certificate of Occupancy will be prepared within two (2) business days. The Temporary Certificate of Occupancy must be posted on the jobsite in a conspicuous place.

		i	Please print				
Contact Information for this requ	uest:		-				
Your			Company				
Name			Name			,	
Fax#		Phone#					
Address							
Street Address		City		State	Zip		
Permit Information for this requ	est:	**************************************				<u> </u>	
A/P Building A/P Name		on					
Permit # Building Pe		ermit					
Jobsite							
Address							
Street Address		Unit/Space Number or Letter Town					
Specify below the area(s) that this	request is f	or. Attach a	a copy of floo	r plan with	areas highlighted, or li	st room nui	nbers
as they are identified on the appro-	ved constru	ction plans	i.				
Also specify what each area will be	e used for d	uring the te	emporary occ	upancy (i.e	.,stocking, training, int	erviews, sto	orage,
orientation, sales, etc.). Attach sep	arate shee	t if necessa	ary.				
Area (building, unit, floors) Use (room							
Please indicate how you would	Required Inspections (office use only)						
like to be notified:	Office of Life Safety		[Plumbing Inspector		
Fax:	Building	Inspector			Health-Well/Septic		1
Mail:	Electrical Inspector				Incorporated Town		યું
	Site Compliance				•		·

TempCOO Request Form.rev 07.01.11/xls/sg

David Doyle, Chief Building Inspector - 240-674-2396

Larry Willard, Chief Plumbing Inspector - 240-674-4122

James Ensor, Chief Electrical Inspector - 240-674-1107

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Brian Mitchell, Office of Life Safety - 301-600-1943

Justin Horman, Site Compliance - 301-600-1143

Health Department - 301-600-1726

Request for Temporary Certificate of Occu	Attachment (if necessary)					
Please Print						
Permit Information for this request:	14/5 2/-					
A/P Building Permit #	A/P Name on Building Permit					
Specify below the area(s) request is for. At they are identified on the approved constru	tach a copy of floor plan with are action plans. or during the temporary occupar	eas highlighted, or list room numbers as				
Area (building, unit, floors)	Use (room use)					
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